



# UPDATE

## INTRODUCING HEALTHY MAINE PRESCRIPTIONS

Healthy Maine Prescriptions is a new Medicaid waiver program sponsored by the Maine Department of Human Services. There are two kinds of benefits under this program. The first benefit will make prescription drugs cost less for eligible Maine citizens. More than 200,000 Maine residents may be eligible to join. The second benefit, for those who are eligible, is the State funded Low Cost Drugs for the Elderly or Disabled Program (DEL).

Eligible members will receive a new card to use for both the Healthy Maine Prescriptions and the Low Cost Drugs for the Elderly and Disabled benefits. Members will simply show their new Healthy Maine Prescriptions card when they get a new prescription or refill a prescription.

### *Covered Services for Healthy Maine Prescriptions Program*

The Healthy Maine Prescriptions Drug Card covers all drugs currently covered under the Maine Medicaid Program. Members will receive up to 25% off the retail cost of covered prescription drugs.

Some over-the-counter products such as products to stop smoking, insulin, syringes and blood glucose test strips will be covered by the Healthy Maine Prescriptions Program with a prescription.

### *Maine Low Cost Drugs for the Elderly or Disabled (DEL) Program.*

If your patient is enrolled in the Maine DEL program, he/she will continue to receive the same covered services. They will receive savings through the Healthy Maine Prescriptions benefit for drugs not covered by the DEL program.

### *Covered Services for the DEL Program*

Under this Program, the State pays 80% of the cost of medications to treat the following chronic diseases and will pay 80% of the cost of all generic prescription drugs. (The definition of generic drug is that defined by the State Drug file.)

- *Diabetes*
- *Heart Disease*
- *High Blood Pressure*
- *Chronic Lung Disease (also Emphysema & Asthma)*
- *Arthritis*
- *Anticoagulation*
- *Hyperlipidemia (High Cholesterol)*
- *Incontinence*
- *Thyroid Disease*
- *Osteoporosis (Bone Density Loss)*
- *Parkinson's Disease*
- *Glaucoma*
- *Multiple Sclerosis*
- *ALS (Lou Gehrig's Disease)*

### *Catastrophic Spending Limit for DEL Program*

Only those drugs covered under DEL as of May 31, 2001 will count toward the catastrophic cap. After a member has spent \$1,000 on eligible prescription drugs, the State will then pay 80% of the cost of all eligible prescription drugs, regardless of the disease. The drugs must be medically necessary and supplied from companies with an agreement.

### *Limitations for Both Healthy Maine Prescriptions and DEL*

Prescription drugs requiring prior authorization under the Medicaid Program will also require prior authorization under Healthy Maine Prescriptions. If a member chooses not to get the appropriate prior authorization, the prescription will be non-covered under Healthy Maine Prescriptions. The member will be responsible for paying the full retail price on non-covered prescriptions.

There is a 34-day supply limit for brand name drugs.

Generic drugs may be purchased in up to 90-day supplies.

*For further information, please call the Maine Department of Human Services at 1-866-RxMaine (1-866-796-2463), or (207) 624-7624 for further information or to receive a supply of applications. You may also visit the DHS website at [www.state.me.us/dhs](http://www.state.me.us/dhs).*

### MAINE DEPARTMENT OF HUMAN SERVICES

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*To receive this newsletter by mail, contact Faye Patterson at 207-287-4827*

# BRIGHT FUTURES ASSESSMENT FORMS

The Bureau of Medical Services, Quality Improvement Division has been reviewing paper and electronically submitted bright future forms for the past three years. From January 1, 2001 to March 31, 2001, The Quality Improvement Division reviewed 150 forms a day on average.

The Quality Improvement Division has four Registered Nurses who review the submitted forms and determine if follow up is needed. If the nurses determine follow up may be needed, they send the forms to the Bureau of Health. The Public Health Nurses at the Bureau of Health will then contact the recipient and/or his or her family. The Public Health Nurses assist the recipient and/or family member with obtaining needed appointments and arranging transportation as well as by providing counseling/education and working with families/recipients to ensure they do not continue a pattern of missed or broken appointments. The Bureau of Health and the Quality

Improvement Division staff document all contact and education given to recipients in the IMMPACT system.

From 01/01/01 through 03/31/01, the Quality Improvement Division staff reviewed 9,297 forms, of these, 8,146 did not require follow up. These forms were data entered into the IMMPACT system. A total of 1151 bright future forms were sent to the Bureau of Health for follow up. Of these 1151 forms sent to the Bureau of Health 206 were for Dental issues, 13 for lead screening issues and 86 for misses/ broken or failure to show for appointments.

The Bureau of Medical Services, Quality Improvement Division routinely monitors the trends associated with the Bright Futures Assessment forms. The Quality Improvement Division has reviewed reasons for contacts with recipients documented in the IMMPACT system for the past 12 months. Common reasons for contacts that tend to be associated with Bright

Future Assessment forms include:

Contact Reason	Total Number of Contacts <sup>1</sup>
Education of recipient	12293
Dental Referrals-General	5498
BF 19 Forms with Abnormal results and no documented follow up	3819
EPSDT Response Card	2747
Dental services Adult	1742
Lead testing	914
Dental Referral Orthodontics	429
Mental Health Referral	274
Broken Medical Appointments	256
Broken Dental Appointments	227
Dental No Access-General Issues	65

The Bureau of Medical Services will continue to track and trend bright future assessment form referrals. This information will be used to assist the Bureau in evaluating the volume and types of support services needed by Maine Medicaid recipients.

<sup>1</sup> This is not an unduplicated count of contact reasons.

## EPSDT REPORTING REQUIREMENTS USING THE BRIGHT FUTURES HEALTH ASSESSMENT FORMS

The Bureau of Medical Services and the Bureau of Health Immunization Program have received some calls inquiring about the compatibility of the "Logician" system to the ImmPact system for Bright Futures health assessment form entry. The reporting of Bright Futures (EPSDT) screening exams are either hardcopy submission of the form itself, or by electronic submission via ImmPact. We are not aware of any Logician software that is compatible with ImmPact; therefore, it is not possible for you to use Logician to communicate information to Maine Medicaid.

We have also heard from many of you about the length of time it takes to enter the Bright Futures forms into ImmPact. As a result of your input, recent improvements in ImmPact technology include the addition of default for normal values in lieu of data entering every block on the form. This should significantly decrease the amount of data entry time, making electronic submis-

sion much more time efficient and user friendly.

Additional administrative benefits of IMMPACT include:

- Electronic tracking and reporting of immunizations
- Electronic vaccine inventory
- Helps to avoid over or under vaccinating
- Coordinates scattered records
- Provides an instant immunization record
- Captures Vaccines for Children [VFC] Program information

For ImmPact information and/or presentation, call Jeremy Black or Shawn Box at the Bureau of Health, Immunization Program. 1-800-867-4775, or locally 207-287-3746

# MAINE PRIMECARE UPDATE

*Maine PrimeCare is now operational in all sixteen counties in Maine.*

There are approximately 95,000 Maine Medicaid beneficiaries currently enrolled in Maine PrimeCare, representing approximately 52% of the Medicaid population. Maine PrimeCare has over 1200 health care providers serving as Primary Care Providers (PCP) in over 420 provider sites. Maine PrimeCare operates under a State Plan Amendment approved by the Health Care Financing Administration (HCFA).

Maine Medicaid beneficiary eligibility for the mandatory program includes the following eligibility categories:

- Beneficiaries who receive Temporary Assistance for Needy Families (TANF)
- TANF Related:
  - Children with Families
  - Pregnant Women Under 21 years of age
  - Children in foster care living in Maine who also receive TANF
- Beneficiaries who receive Cub Care benefits

Primary Care Providers (PCP) enrolled in the program agree to provide comprehensive primary care services, patient program education, authorize referrals for necessary specialty services, and provide or arrange twenty-four hour coverage for non-emergent care to Medicaid beneficiaries enrolled on their patient panels. Participating PCPs are:

- Physicians (MD or DO)
- Physician Assistants
- Nurse Practitioners
- Rural Health Clinics
- Federally Qualified Health Centers

PCP's receive three dollars per month for each Maine PrimeCare beneficiary enrolled on his/her patient panel, in addition to a fee for service for any direct services provided to a Maine PrimeCare beneficiary. In addition, Maine PrimeCare PCPs appear to fare better than other health care providers participating in the Primary Care Provider Incentive Program (PCPIP). This is because many of the measures included in the PCPIP are related to access and preventive services. Providers who score well in these areas get a larger share of the payment.

Goals that Maine PrimeCare has been committed to and that remain a focus are:

- Increased access to primary care
- Increased use of preventive health care services
- Creating a medical home for our beneficiaries
- Reducing emergency room use
- Reducing admissions for avoidable hospitalizations
- Reducing the impact of rising health care costs

The Bureau of Medical Services as well as our Health Benefits Advisor uses a variety of methods to accomplish each one of these goals. The program strives to provide optimum access and quality of care for all Maine PrimeCare Medicaid members and many quality projects are underway to promote and deliver the best care possible from our PCPs.

## BLOOD LEAD SCREENING RATES

Medicaid Lead Testing rates among FP/GPs and Pediatricians, 10/01/1999 - 9/30/2000.

Rank	Family Practice/GP	Age One	% with 1+ Test
1	Noah Nesin	22	68.2%
2	Laurie C. Churchill	18	66.7%
3	Mary T. Nash	11	63.6%
4	Eugene P. Paluso	24	62.5%
5	Patrick J. Connolly	10	60.0%
6	Deborah A. Learson	19	57.9%
7	D. L. Jeannotte	14	50.0%
8	Gust S. Stringos	24	50.0%
9	Scott D. Schiff-Slater	10	50.0%
10	Paul J. Davis	23	47.8%

Rank	Family Practice/GP	Age Two	% with 1+ Test
1	Nicole Cherbuliez	10	40.0%
2	Tomithy Theobald	11	36.4%
3	Armand Auger	11	36.4%
4	Noah Nesin	14	35.7%
5	Donald G. Brushett	43	32.6%
6	William E. Chernin	13	30.8%
7	H. H. Atkins II	14	28.6%
8	Micheal Lambke	17	23.5%
9	Davie O. Yaron	10	20.0%
10	Merrill R. Farrand, Jr.	10	20.0%
10	Kamlesh N. Bajpai	10	20.0%

Rank	Pediatricians	Age One	% with 1+ Test
1	Ann P. Simmons	33	84.8%
2	Scott J. Clough	12	83.3%
3	Leslie L. Doolittle	16	75.0%
4	Eileen Poulin	12	75.0%
5	Gautam S. S. Popli	55	74.5%
6	William T. Whitney	37	70.3%
7	John F. Milliken Jr.	32	68.8%
8	Iris Silverstein	63	68.3%
9	Lila H. Monahan	85	67.1%
10	Rebecca Ayala	15	66.7%

Rank	Pediatricians	Age Two	% with 1+ Test
1	Ann P. Simmons	23	65.2%
2	George B. Payne	12	58.3%
3	Gautam S. S. Popli	24	54.2%
4	William T. Whitney	31	51.6%
5	Iris Silverman	33	48.5%
6	Lila H. Monahan	53	47.2%
7	Serena L. Rosen	20	45.0%
8	Deborah L. Patten	19	42.1%
9	Patricia A. Nobel	29	41.4%
10	Norman H. Seder	20	40.0%
10	Wenda L. Saunders	25	40.0%

## REPORT FROM THE CASE MIX/ CLASSIFICATION REVIEW UNIT

The Case Mix/Classification Review Unit is responsible for the ongoing monitoring of the combined Medicaid/Medicare Reimbursement and Quality Assurance System throughout the state of Maine. The Health Care Financing Administration (HCFA) mandates the use of a standardized, universal assessment tool (Minimum Data Set 2.0) for all long-term care Nursing Facility residents. The MDS is the basis for Case Mix payment and Quality Indicators in Nursing Facilities.

The Case Mix Unit is also responsible for the ongoing development, implementation and education of a case mix system for Level II Cost Reimbursed Assisted Living Facilities. Case Mix payment will be implemented in the summer of 2001. The facilities continue to assess residents using the MDS/Resident Care Assessment (RCA) form. This form will be the basis for the case mix

payment and Quality Indicators in Assisted Living Facilities. Statewide Case Mix Assisted Living Facilities training was held on May 16, 17, 22 & 23, 2001. (Attendance 28, 60, 125 and 130)

Registered Nurses visit all Nursing Facilities and Level II Assisted Living Facilities to review the accuracy of the assessment data.

The Classification Unit serves as the technical HELP DESK for all the Nursing Facilities and Home Health Agencies. They are the direct line of communication for problem solving and assistance for all facets of the data submission process.

This unit is also responsible for other Medicaid programs, i.e., Katy Beckett, PDN and Hospice.

Ongoing: Case Mix Nurse Auditors continue to offer monthly MDS 2.0 training sessions to Nursing Facilities and MDS-RCA training sessions to the Residential Care Facilities in each of their geographic districts.





# PRIOR AUTHORIZATION PROCESS FOR DURABLE MEDICAL EQUIPMENT

The Bureau of Medical Services-Quality Improvement Division, Professional Claims Review unit is responsible for the review and prior authorization of Durable Medical Equipment (DME) authorizations. In order for a Durable Medical Equipment authorization to be processed, the Primary Care Provider must write a prescription to the Durable Medical Equipment dealer (this may include a pharmacy). The prescription must include the patient's name, Medicaid ID number, the primary medical purpose of the equipment and the reason why this item is medically necessary. An example of a medically necessary item is something used to improve an altered body function such as leg braces, splints or a wheelchair.

The Professional Claims Review Unit will review the request to

determine if it meets the State and Federal Guidelines for approval. These guidelines include an evaluation to determine if the equipment would not be generally useful to a person in the absence of illness or injury, and if it is needed to relieve or control a medical condition.

Most of the Durable Equipment Dealers are familiar with the prior authorization process as well as the items and services covered under Medicaid.

The Durable Equipment Dealer will process the paperwork to the State for the recipient. In situations where the Professional Claims Review Unit needs additional information, they will contact the Durable Medical Equipment Dealer. The Durable Equipment Dealer is responsible for ensuring all the information is completed on the request for authorization and will contact the Medicaid recipient if additional information is needed.

When a Medicaid recipient brings a prescription for durable medical equipment to a dealer the

dealer will inform the recipient if the item requires prior authorization. There are items, which may be provided without prior authorization or are not covered by Maine Medicaid. The Durable Medical Equipment Dealer will inform the recipient of these services at the time of the visit. The Durable Medical Equipment Dealer may request that a recipient sign a document requiring payment by the recipient if the item is not covered under Medicaid.

Recipients and/or providers may also contact the Provider Relations unit to ask what items are covered or need prior authorization. Providers and/or recipients may contact the Provider/Consumer Relations unit at 287-3094 for questions.



# NEW HCFA DEMONSTRATION PROJECTS

On January 19th, the Health Care Financing Administration announced the selection of 15 sites for new demonstration projects. These projects will test whether paying for coordinate care services for Medicare beneficiaries with chronic illnesses can produce better outcomes for the patient, without increasing program costs.

Studies have shown that a relatively small number of beneficiaries with certain chronic illnesses—asthma, diabetes, congestive heart failure and related cardiac conditions, hypertension, coronary artery disease, cardiovascular and cerebrovascular conditions, and chronic lung disease—account for a disproportionate share of Medicare fee for service expenditures. Moreover, patients with these conditions typically receive fragmented health care across multiple providers and multiple sites of care and require repeated costly hospitalizations.

HCFA is implementing these demonstration projects to test

whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes for chronically ill beneficiaries without increasing program costs. The selected demonstration projects include both case and disease management models in



urban and rural settings.

The demonstration projects are designed to address important implications for future of Medicare program as the beneficiary population ages, and the number of beneficiaries with chronic illnesses increases.

Medical Care Developments of Augusta was awarded a demonstration project. This project is directed at congestive heart failure or post-acute myocardial infarction.

This demonstration project was authorized by the Balanced Budget Act of 1997 to see whether private sector case management tools adopted by health maintenance organizations, insurers and academic medical centers to promote the use of evidence-based medical practices could be applied to the Medicare fee-for services population.<sup>1</sup>

<sup>1</sup> HCFA HEALTH WATCH, "New Coordinated Care Demonstration Project Sites Selected to Improve Care to Chronically Ill, March 2001, page 3.

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## RU 486 COVERED, WITH CERTAIN RESTRICTIONS

The Maine Bureau of Medical Services will begin covering RU 486/Mifepristone/Mifeprex in provider offices subject to the following conditions:

In compliance with PL 103-112, the Health and Human Services Appropriations bill, reimbursement for abortion services performed on or after October 1, 1993, will be made only if such procedure is necessary to save the life of the mother, or if the pregnancy is the result of an act of rape or incest.

Abortion services are covered only when performed in a licensed general hospital or outpatient setting by a physician who has found that an abortion is necessary to save the life of the mother; or the pregnancy is the result of an act of rape or incest. These findings need to be certified in writing to the Department, containing the name and address of the patient, and medical justification as to the necessity

of the abortion procedure if performed to save the life of the patient. The patient's medical record shall be documented as to the circumstances of the abortion procedure. The patient's medical record is not required for submission, but must be available for review by the Department upon request.

In compliance with federal requirements, the Department will reimburse the procedure if the treating physician certifies that in their professional opinion, the patient was unable for physical or psychological reasons to comply with established reporting requirements, if any, in cases of rape or incest.

Although no payment can be made until the Department receives all required documentation, necessary medical services should be provided immediately as needed.

# EMERGENCY ROOM USAGE PROJECT

The Department of Human Services began reviewing emergency room utilization patterns in the fall of 1999. It was determined through the use of Medicaid Claims data that the most common reasons for emergency room visits was for sore throat, cough, common cold symptoms and otitis media.

During the last year the Quality Improvement Division has worked to develop educational materials. These materials include some basic information on preventative steps to decrease transmission of the diseases and reinforcement of calling the primary care provider before going to the emergency room. In addition the Quality Improvement Division had contacted recipients with histories of repeat visits every quarter to provide education and assist recipients with obtaining services to prevent emergency room visits.

Since the summer has begun, the Quality Improvement Division determined that new educational materials were needed. The Quality Improvement Division has developed new educational materials that include preventative measures for dehydration, sun burn, bug bites, heat stroke and summertime safety tips. These measures include such items as putting on sunscreen prior to sun exposure and keeping perishables in cold storage

The educational materials will be mailed to recipients at the end of June. If providers wish to have some of these educational materials for their office please feel free to contact the Quality Improvement Division (Jean Lloyd, RN) at 287-1068. The educa-

# 24 HOURS / 7 DAYS COMPLIANCE

The Quality Improvement Division has just finished our survey of Maine PrimeCare providers for the first quarter of 2001. This survey was conducted to comply with federal regulation for our managed care Medicaid program. We are required to check compliance with the 24 hour-7 days/week coverage of our participating PrimeCare providers.

While making this quarter's calls, we encountered some innovative answering machine messages. Some were short and informative:

- "if you have an emergency and need to contact a physician, please call our oncall physician, Dr. XYZ at xxx-xxxx.

- "if you have an emergency this weekend, please call our covering physician, Dr. XYZ at xxx-xxxx."

- "if you have an emergency and need to speak to a physician, hang up and call our on-call physician Dr. XYZ, at xxx-xxxx. If you have a block on your phone, you need to remove it by dialing \*87 or Dr. XYZ will not be able to reach you." (This message was repeated once.)

- "we are closed for the weekend. Dr. XYZ is covering. If you have any medical concerns that need his attention, please call him at xxx-xxxx."

- "if you have a sick child or a question that can't wait until Monday, stay on the line for the operator". The answering service picked up after this, but it could tell the caller to call Dr. XYZ at xxx-xxxx. (This message could be adapted for any type of practice.)

These messages are all in compliance with our regulations and seem to be user friendly for everyone. We hope that you find these helpful in your practices.

Some of the practices surveyed had no recorded answer on their practice numbers due to the big snowstorm of the weekend chosen for the telephone calls.



tional materials for sore throat, cough, otitis media and cold symptoms are also available on request.

The Quality Improvement Division would like to thank all providers who have worked dili-

gently to decrease the numbers of emergency room visits. If there is a recipient who needs additional support or education on emergency room usage issues please feel free to contact the Quality Improvement Division.





## PHONE DIRECTORY

### Maine Bureau of Medical Services Office of the Director, Administration 287-2674

Gene Gessow, Director, Bureau of Medical Services  
Chris Zukas-Lessard, Deputy Director  
Jim Lewis, Assistant Director  
Timothy S. Clifford, M.D., Medical Director

### Division of Quality Improvement 287-1091

Jude Walsh, Director  
Marilyn Dailey, Secretary

### Pharmacy / Maine Rx 1-866-796-2463

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Beth Ketch, Program Manager  
Marianne Cheetham  
Sue Curtis  
Paula Knight, RPh.  
Shari Morse  
Nancy Quirion  
Tammy Sheehan  
Jan Yorks

### Medicaid Surveillance & Utilization Review 624-5220

Marc Fecteau, Assistant Director  
Bev Van Horn, Secretary  
Debra Barter  
Edwin Donohue  
Mary Carole Logan, R.N.  
Agnes Ossenfort, R.N.  
Cari Philbrick  
Kelly Proctor

### Medical Eligibility 287-3931

Carole Kus, R.N., Assistant Director  
Lois Bourque, R.N.  
Joyce Chase-Martin, R.N.  
Maxima Corriveau, R.N.  
Gini Longley, Secretary  
Bernie Mynahan, R.N.  
Lillian Phillips, R.N.  
Darlene Scott-Rairdon, R.N.  
Bobbi Jo Sinclair, Secretary  
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### Maine PrimeCare, EPSDT 287-8820

Brenda McCormick, Director  
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Pam Cobb (EPSDT)  
Kathy Levasseur (Maine PrimeCare)  
Audrey Savoie, R.N., (EPSDT)

### Prior Authorization 287-2033

Bill Paterson, R.N., Acting Director  
Marie Belanger  
Wanda Besaw  
Vanessa Glazier  
Mary Ann Grover, R.N., Durable Medical  
Equipment  
Diane Koroski, Medical Eye Care  
Karolyn Marston  
Carole Walsh, R.N., Durable Medical Equipment

### Quality Management 287-8820

Mary Ellen Austin-Reitchel, R.N., Supervisor  
Kristen Cowing  
Joan Lancaster, R.N.  
Jean Lloyd, R.N.  
Bob Patterson

In Accordance with Title VI of the Civil Rights Act of 1964 (42 USC § 1981, 2000d et. seq.) Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), the Age of Discrimination Act 1975, as amended (42 USC § 12131 et. seq.), and Title IX of the Education Amendments of 1972, (34 CFR Parts 100, 104, 106 and 110), the Maine Department of Human Services does not discriminate on the basis of sex, race, color, national origin, disability or age in admission or access to or treatment or employment in its programs and activities. Ann Twombly, Civil Rights Compliance Coordinator, has been designated to coordinate our efforts to comply with the US Department of Health and Human Services regulations (45 CFR Parts 80, 84 and 91), the Department of Justice regulations (28 CFR Part 35), and the US Department of Education regulations (34 CFR Part 106), implementing these Federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to Ann Twombly at 221 State Street, Augusta, Maine 04333, Telephone number: (207) 287-3488 (voice) or 800-332-1003 (TDD), or Assistance Secretary of the Office of Civil Rights of the applicable department (e.g. the Dept. of Education), Washington, D.C.